

## City of Mascoutah

3 West Main Street
Mascoutah, IL 62258-2030
(618) 566-2964
Fax: (618) 566-4897
Email: info@mascoutah.com



Equal Opportunity Employer

Application For Employment

Personal Informa	ition	Date	Date:								
Name (Last Name Fir		Social Security No.									
Present Address	City		Stat	е	Zip Code						
Email Address											
Phone No. (	)	( )			Refe	Referred By					
Employment Desired											
Position		Date You Can Start				Salary Desired					
Are You Currently Employed?	YES NO	If so, may we inquire of your present employer?									
Have you ever been employed by the City of Mascoutah? If so, what position?											
Education History											
Name & Location of School			Year Attend		d you duate?	Sul	bjects Studied				
High School											
College											
Trade, business or Correspondence School											
Special Skills and Qualifications											
Summarize special job-related skills and qualifications acquired from employment or other experience.											
U.S. Military Service Rank											
Former Employers (List last four employers; start with your present or last employer.)											
Employer			Dates Er From	nployed To		Work Performed					
Address											
Phone Number											
Job Title	Supervisor										
Reason for Leaving			$\dashv$								

Employer			Dates Employed From To		Work Performed		
Address							
Phone Number							
Job Title Supervisor							
Reason for Leaving							
Employer			Dates E From	mployed To	Work Performed		
Address							
Phone Number							
Job Title	e Supervisor						
Reason for Leaving							
Employer				mployed	Work Performed		
Address			From	То			
Phone Number							
Job Title Supervisor							
Reason for Leaving							
References Give be	low the	names of three per	sons not r	elated to y	ou, whom you have kr	nown at least one year.	
Name		Ad	Address			Business	
AUTHORIZATION I certify that the facts container falsified statements on this ap I authorize investigation of all information concerning my procompany from all liability for a I also understand and agree of any specified period of time, company representative. By signing this application I are expunged juvenile records). This waiver does not permit the Disabilities Act (ADA) and other DATE	plication s I stateme evious en ny damag that no re or to mak m giving r	shall be grounds for conts contained herein apployment and any page that may result from presentative of the contained any agreement contained any agreement contained appropriate or use of disability-researched.	dismissal.  In and the restrinent inform utilization company had ontrary to the employment of the empl	references a cormation the n of such inf as any authone ne foregoing nt drug scre	and employers listed above may have, personal of formation.  ority to enter into any agove, unless it is in writing and the sening test and criminal bearing test and criminal	ove to give you any and all or otherwise, and release the greement for employment for and signed by an authorized eackground check (excluding	